STATE OF WISCONSIN

Division of Disability and Elder Services

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

Bureau of Quality Assurance P.O. Box 2969

rage 1010	Please note all facilities below are certified to serve Medicare recipients.			
Certification Number	Provider Name and Address	Administrator and Phone	County and Region	
52 8520	ADAMS COUNTY MEMORIAL HOSPITAL D/B/A MIRZA CLINIC	B. MIRZA MUZAFFAR	Adams	
	206 WEST LAKE ST	(608) 339-6350	SOUTHERN	
	FRIENDSHIP, WI 53934			
Owner Name:	ADAMS COUNTY MEMORIAL HOSPITAL ASSOCIATION INC	Ownership Type: VOLUNTAR	Y NONPROFIT ASSOC	
52 3825	AFFINITY MEDICAL GROUP RURAL HEALTH CENTER	GREGORY THOUSAND	Waupaca	
Certified for Medicaid	61 NORTH ANNE STREET CLINTONVILLE, WI 54929	(715) 823-7500	NORTHEASTERN	
Owner Name:	AFFINITY HEALTH SYSTEM INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP	
52 8512	AUGUSTA FAMILY MEDICINE CLINIC	THERESA GREGERSON	Eau Claire	
Certified for Medicaid	207 W LINCOLN ST STE 1 AUGUSTA, WI 54722	(715) 286-2270	WESTERN	
Owner Name:	SACRED HEART HOSP OF THE HOSP SISTERS OF THE THIRD ORDER OF ST FRANCIS	Ownership Type: VOLUNTARY NONPROFIT CHURC		
52 3827	AURORA HEALTH CENTER - DOOR COUNTY	CAROL ERDMANN	Door	
Certified for Medicaid	1910 ALABAMA ST STURGEON BAY, WI 54235	(920) 746-7200	NORTHEASTERN	
Owner Name:	AURORA MEDICAL GROUP INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP	
52 8504	BALDWIN CLINIC	RICHARD RANGE	St Croix	
Certified for	730 10TH AVE PO BOX 300	(715) 684-3326	WESTERN	
Medicaid	BALDWIN, WI 54002			
	BALDWIN AREA MEDICAL CENTER INC	Ownership Type: VOLUNTAR	Y NONPROFIT ASSOC	
52 8501	BLAND CLINIC-VERNON MEMORIAL HOSPITAL	KYLE BAKKUM	Vernon	
Certified for Medicaid	100 MELBY STREET WESTBY, WI 54667	(608) 634-3126	WESTERN	
Owner Name:	VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTARY NONPROFIT CORP		
52 8523	BOSCOBEL AREA HEALTHCARE-BLUFF STREET CLINIC	GARY BEZUCHA	Grant	
Certified for Medicaid	200 W BLUFF ST BOSCOBEL, WI 53805	(608) 375-2424	SOUTHEASTERN	
Owner Name:	MEMORIAL HOSPITAL OF BOSCOBEL	Ownership Type: VOLUNTARY NONPROFIT CORP		
52 8522	BOSCOBEL AREA HEALTHCARE-RIVERSIDE FAMILY PRACTICE	GARY BEZUCHA	Grant	
Certified for Medicaid	525 N WOSCONSIN AVE MUSCODA, WI 53805	(608) 739-3138	SOUTHEASTERN	
Owner Name:	MEMORIAL HOSPITAL OF BOSCOBEL	Ownership Type: VOLUNTAR	Y NONPROFIT CORP	
52 8517	BURNETT MEDICAL CENTER CLINIC	SHELLEY STAEVEN	Burnett	
	257 W ST GEORGE AVE GRANTSBURG, WI 54840	(715) 463-5317	WESTERN	
Owner Name:	BURNETT MEDICAL CENTER INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP	
52 3838	CHC GENERAL CLINIC ELCHO	FORREST DANNER, JR.	Langlade	
Certified for Medicaid	W10618 CLINIC ST PO BOX 8 ELCHO, WI 54428	(715) 275-4011	NORTHERN	
Owner Name:	COMMUNITY HEALTH CARE CLINICS INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP	

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

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Please note all facilities below are certified to serve Medicare recipients.

Certification	Those also certified to serve Medic		
Number	Provider Name and Address	Administrator and Phone	County and Region
52 3831	DOCTORS PARK PHYSICIANS	MATTHEW BAGLEY	Grant
Certified for	1165 N. ELM STREET	(608) 348-4330	SOUTHEASTERN
Medicaid	PLATTEVILLE, WI 53818		
Owner Name	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIETA	ARY CORPORATION
52 3834	DOCTORS PARK PHYSICIANS - CUBA CITY	MATTHEW BAGLEY	Grant
Certified for Medicaid	207 E. SKELLY STREET CUBA CITY, WI 53807	(608) 744-2767	SOUTHEASTERN
Owner Name	ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIETA	ARY CORPORATION
52 3984	ELROY FAMILY MEDICAL CLINIC	ELLEN HARDY	Juneau
Certified for Medicaid	1515 ACADEMY STREET ELROY, WI 53929	(608) 462-8466	SOUTHERN
Owner Name	: HESS MEMORIAL HOSPITAL, INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP
52 3849	FAMILY PRACTICE ASSOCIATES OF DODGEVILLE	MATTHEW BAGLEY	lowa
	833 SOUTH IOWA ST DODGEVILLE, WI 53533	(608) 935-3301	SOUTHERN
Owner Name	: ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIETA	ARY CORPORATION
52 3992	FENNIMORE CLINIC	MARK M GADDEN	Grant
Certified for Medicaid	1255 11TH ST FENNIMORE, WI 53809	(608) 822-3231	SOUTHEASTERN
Owner Name	: LANCASTER MEMORIAL HOSPITAL INC	Ownership Type: GOVERNM	ENTAL CITY
52 3991	FLORENCE MEDICAL CENTER	Sally Olson	Florence
Certified for Medicaid	1010 Olive Ave FLORENCE, WI 54121	(715) 528-4775	NORTHEASTERN
Owner Name	: DICKINSON COUNTY HEALTHCARE SYSTEM	Ownership Type: GOVERNM	ENTAL COUNTY
52 3865	FMC ALGOMA	SHERRY LAFOND	Kewaunee
Certified for Medicaid	1510 FREMONT STREET ALGOMA, WI 54201	(920) 487-3676	NORTHEASTERN
Owner Name	: BELLIN MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP
52 3864	FMC KEWAUNEE	THOMAS ZENNER	Kewaunee
	575 4TH STREET KEWAUNEE, WI 54216	(920) 388-4640	NORTHEASTERN
Owner Name	: BELLIN MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTAR	Y NONPROFIT CORP
52 3866	FMC OCONTO FALLS	RHONDA KEY	Oconto
	833 SO MAIN ST OCONTO FALLS, WI 54154	(920) 846-3092	NORTHEASTERN
Owner Name	: BELLIN MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTAR	RY NONPROFIT CORP
52 3998	FRANCISCAN SKEMP HEALTHCARE-SPARTA	ROBERT TRACEY	Monroe
	310 WEST MAIN ST SPARTA, WI 54656	(608) 269-2132	WESTERN
Owner Name	: FRANCISCAN SKEMP HEALTHCARE	Ownership Type: VOLUNTAR	RY NONPROFIT CORP

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

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Certification Number	Provider Name and Address	dicaid recipients are indicated at left Administrator and Phone	County and Region	
52 3989	GOODMAN HEALTH CENTER	SALLY OLSON	Marinette	
Certified for Medicaid	W15236 HWY 8 PO BOX 369 GOODMAN, WI 54125	(715) 336-3070	NORTHEASTERN	
Owner Name:	DICKINSON COUNTY HEALTHCARE SYSTEM	Ownership Type: GOVERNM	IENTAL COUNTY	
52 3840	GRANT COMMUNITY CLINIC - CASSVILLE	MATTHEW BAGLEY	Grant	
	222 WEST AMELIA ST CASSVILLE, WI 53806	(608) 725-2321	SOUTHEASTERN	
Owner Name:	ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 3841	GRANT COMMUNITY CLINIC - LANCASTER	MATTHEW BAGLEY	Grant	
	500 SOUTH MADISON STREET LANCASTER, WI 53813	(608) 723-2131	SOUTHEASTERN	
Owner Name:	ST MARYS DEAN VENTURES INC	Ownership Type: PROPRIET	ARY CORPORATION	
52 3843	GUNDERSEN CLINIC - HILLSBORO	JAYNE ANDERSON	Vernon	
Certified for Medicaid	300 WATER STREET PO BOX 546 HILLSBORO, WI 54634	(608) 489-2253	WESTERN	
Owner Name:	GUNDERSEN CLINIC LTD	Ownership Type: VOLUNTAR	RY NONPROFIT CORP	
52 3844	GUNDERSEN CLINIC - WONEWOC	JAYNE ANDERSON	Juneau	
Certified for Medicaid	505 CENTER ST PO BOX 67 WONEWOC, WI 53968	(608) 464-3111	SOUTHERN	
Owner Name:	GUNDERSEN CLINIC LTD	Ownership Type: VOLUNTAR	RY NONPROFIT CORP	
52 3996	HIRSCH CLINIC	KYLE BAKKUM	Vernon	
	318 WEST DECKER STREET VIROQUA, WI 54665	(608) 637-3174	WESTERN	
Owner Name:	VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTAR	Ownership Type: VOLUNTARY NONPROFIT CORP	
52 3999	KICKAPOO VALLEY MEDICAL CLINIC	KYLE BAKKUM	Crawford	
	P O BOX 147 SUNSET BLVD SOLDIERS GROVE, WI 54655	(608) 624-5203	SOUTHERN	
Owner Name:	VERNON MEMORIAL HOSPITAL INC	Ownership Type: VOLUNTAR	RY NONPROFIT CORP	
52 3842	LAFARGE MEDICAL CLINIC	JAMES M., MD DELINE	Vernon	
	111 WEST SNOW ST LAFARGE, WI 54639	(608) 625-2494	WESTERN	
Owner Name:		Ownership Type: PROPRIET	ARY INDIVIDUAL	
52 3833	LENA MEDICAL CLINIC	ROSALIE MURPHY	Oconto	
	304 N ROSERA ST PO BOX 278 LENA, WI 54139	(920) 829-6363	NORTHEASTERN	
Owner Name:	ROSALIE A MURPHY	Ownership Type: PROPRIET	ARY CORPORATION	
52 8516	LUCK MEDICAL CLINIC SC	SANDI REED, RN	Polk	
Certified for Medicaid	137 1ST AVE BOX 356 LUCK, WI 54853	(715) 472-2177	WESTERN	
Owner Name:	AMERY REGIONAL MEDICAL CENTER	Ownership Type: Unknown		

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WESTERN

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

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Please note all facilities below are certified to serve Medicare recipients. Those also certified to serve Medicaid recipients are indicated at left Certification **Provider Name and Address Administrator and Phone** Number **County and Region** SALLY SADOWSKA **52** 3981 **MEMORIAL MEDICAL CENTER - GREENWOOD** Clark 201 S MAIN ST PO BOX 99 WESTERN (715) 267-3200 GREENWOOD, WI 54437

Owner Name: MEMORIAL HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT **GLEN GRADY 52** 3980 **MEMORIAL MEDICAL CENTER - NEILLSVILLE** Clark Certified for 216 SUNSET PLACE (715) 743-3101 WESTERN

Medicaid NEILLSVILLE, WI 54456

Owner Name: MEMORIAL HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT **52** 3979 MEMORIAL MEDICAL CENTER-LOYAL SALLY SADOWSKA Clark

Certified for 502 E ELM WESTERN (715) 255-8551 Medicaid

LOYAL, WI 54446 Ownership Type: PRIVATE NON-PROFIT Owner Name: MEMORIAL HOSPITAL INC

52 3845 MIDELFORT CLINIC LTD KAROLYN BARLETT Barron

> 224 E RIVER PRAIRIE FARM, WI 54762

Ownership Type: VOLUNTARY NONPROFIT CORP Owner Name: MIDELFORT CLINIC LTD

(715) 455-1666

52 3828 MILE BLUFF CLINIC, LLP NANCY NESS Juneau

SOUTHERN Certified for 1040 DIVISION ST (608) 847-5000 Medicaid MAUSTON, WI 53948

Owner Name: MILE BLUFF CLINIC LLP Ownership Type: PROPRIETARY PARTNERSHIP **52** 3854 MINERAL POINT CLINIC MATTHEW BAGLEY lowa

227 COMMERCE STREET (608) 987-2391 SOUTHERN

MINERAL POINT, WI 53565 Owner Name: ST MARYS DEAN VENTURES INC Ownership Type: PROPRIETARY CORPORATION

52 3836 GORDON GRIESHABER M.D. MINERAL POINT MEDICAL CENTER, S.C. Iowa

SOUTHERN 104 HIGH STREET (608) 987-2346 **Certified for**

Medicaid MINERAL POINT, WI 53565

Owner Name: MINERAL POINT MEDICAL CENTER Ownership Type: PROPRIETARY CORPORATION **52** 8513 MUSCODA HEALTH CENTER RICHARD LEE Grant

125 W NEBRASKA ST (608) 739-3113 SOUTHEASTERN

MUSCODA, WI 53581

Owner Name: RICHLAND HOSPITAL INC PRIVATE NON-PROFIT Ownership Type:

52 3990 **NECEDAH FAMILY MEDICAL CENTER ELLEN HARDY** Juneau Certified for 1408 WHEELIHAN AVENUE (608) 565-2000 SOUTHERN

Medicaid NECEDAH, WI 54646

HILBERT, WI 54129

Owner Name: HESS MEMORIAL HOSPITAL, INC Ownership Type: VOLUNTARY NONPROFIT CORP

52 3855 **NELSON FAMILY CLINIC LLC** FRANCES NELSON Calumet

Certified for 308 W MAIN ST PO BOX 202 (920) 853-3444 NORTHEASTERN Medicaid

Owner Name: NELSON FAMILY CLINIC LLC Ownership Type: PROPRIETARY PARTNERSHIP

STATE OF WISCONSIN

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

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Contification	Please note all facilities below are certified to serve Medicare recipients. Those also certified to serve Medicaid recipients are indicated at left			
Certification Number	Provider Name and Address	Administrator and		ounty and Region
52 3829	NEW LISBON COMMUNITY CLINIC	TIMOTHY(MD) HIN	ITON	Juneau
Certified for Medicaid	600 S MONROE ST NEW LISBON, WI 53950	(608) 562-3111		SOUTHERN
Owner Name:	MILE BLUFF CLINIC LLP	Ownership Type:	PROPRIETARY PA	ARTNERSHIP
52 3810	NOR-DOOR CLINIC	F. FLOOD MICHAE	EL	Door
Certified for Medicaid	803 S BAY SHORE DR SISTER BAY, WI 54234	(920) 854-2347		NORTHEASTERN
Owner Name:	ANN M FLOOD	Ownership Type:	PROPRIETARY C	ORPORATION
52 8515	NORTH SHORE MEDICAL CLINIC - WASHINGTON ISLAND	RAJESKV PATEL		Door
Certified for Medicaid	ROUTE 1BOX 4 MAIN RD WASHINGTON ISLAND, WI 54246	(920) 847-2424		NORTHEASTERN
Owner Name:	DOOR COUNTY MEMORIAL HOSPITAL	Ownership Type:	VOLUNTARY NON	PROFIT CORP
52 3861	NORTHREACH HEALTHCARE - OCONTO PRIMARY CARE	J. JAMES THILL		Oconto
Certified for Medicaid	405 FIRST ST OCONTO, WI 54153	(414) 834-8833		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILIT PROFIT)	Y COMP(NON-
52 3860	NORTHREACH HEALTHCARE-CRIVITZ MEDICAL CLINIC	CALVIN NOGLER,	MD	Marinette
Certified for Medicaid	218 HWY 141 PO BOX 339 CRIVITZ, WI 54114	(715) 854-7477		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILITY COMP(NON-PROFIT)	
52 3862	NORTHREACH HEALTHCARE-FAMILY CARE MEDICAL CLINIC	KENNETH BERND	T, CEO	Marinette
Certified for Medicaid	3123 SHORE DR STE 202 MARINETTE, WI 54143	(715) 732-4120		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILIT PROFIT)	Y COMP(NON-
52 3863	NORTHREACH HEALTHCARE-PESHTIGO FAMILY PRACTICE	CARRIE RUPERT		Marinette
	441 FRENCH ST PO BOX 22487 PESHTIGO, WI 54157	(715) 582-9949		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILIT PROFIT)	Y COMP(NON-
52 3856	NORTHREACH HEALTHCARE-WAUSAUKEE RURAL HEALTH CARE	JOHN BLACKBUR	N	Marinette
	133 VICKIE DRIVE WAUSAUKEE, WI 54177	(715) 856-6684		NORTHEASTERN
Owner Name:	NORTHREACH HEALTHCARE LLC	Ownership Type:	LIMITED LIABILITY COMP(NON- PROFIT)	
52 8511	OSSEO FAMILY MEDICINE CLINIC	PAT DIMMITT, MA	NAGER	Trempealeau
Certified for Medicaid	13029 9TH ST PO BOX 370 OSSEO, WI 54758	(715) 597-3131		WESTERN
Owner Name:	SACRED HEART HOSP OF THE HOSP SISTERS OF THE THIRD ORDER OF ST FRANCIS	Ownership Type:	VOLUNTARY NON	IPROFIT CHURCH

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DIRECTORY OF CERTIFIED WISCONSIN RURAL HEALTH CLINICS - Alphabetical by Agency Name

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Description Potosi-tennyson medical clinic, the	r age o or o	Please note all facilities below are certific	ed to serve Medicare recipients.	Widdison, VVI 30701 2300	
102 HIGHWAY 61 N			•	County and Basion	
102 HIGHWAY 61 N (608) 763-4610 SOUTH-POTOSI, WI 53820				County and Region	
Owner Name: GRANT REGIONAL HEALTH CENTER INC Ownership Type: VOLUNTARY NONPROFIT 52 3837 ROCHE-A-CRI CLINIC MARTIN (MD) JANSSEN Adams 302 WEST LAKE ST FRIENDSHIP, WI 53934 (608) 339-3326 SOUTH-FRIENDSHIP, WI 53934 Owner Name: JANSSEN SANKARAN SIMANI ESMAILI Ownership Type: PROPRIETARY CORPOR. 52 8525 SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC SOUTH-MODICAL CLINIC SOUTH-MODICAL CLINIC Cortified for 343 SUNRISE DR (608) 588-2502 SOUTH-MODICAL CLINIC PLAIN MEDICAL CLINIC Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINICS-P	52 8509	POTOSI-TENNYSON MEDICAL CLINIC, THE	LARRY RENTFRO	Grant	
Owner Name: GRANT REGIONAL HEALTH CENTER INC Ownership Type: VOLUNTARY NONPROFIT 52 3837 ROCHE-A-CRI CLINIC MARTIN (MD) JANSEN Adams 302 WEST LAKE ST FRIENDSHIP, WI 53934 (608) 339-3326 SOUTH Owner Name: JANSSEN SANKARAN SIMANI ESMAILI Ownership Type: PROPRIETARY CORPOR. 52 8525 SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC 436 SUNRISE DR (608) 588-2502 SOUTH Medicaid Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC Sauk PLAIN WI 535779668 (608) 546-4211 SOUTH Medicaid Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8514 SPRING GREEN MEDICAL CENTER RICHARD LEE Sauk Owner Name: RICHARD LEE Sauk Owner Name: RICHAND HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT Certified for 106 E FIFTH ST PO BOX I (715) 229-2177 WESTE Medicaid OWEN, WI 54460 Ownership Ty			(608) 763-4610	SOUTHEASTERN	
52 3837 ROCHE-A-CRI CLINIC MARTIN (MD) JANSSEN Adams 302 WEST LAKE ST FRIENDSHIP, WI 53934 (608) 339-3326 SOUTH-FRIENDSHIP, WI 53934 Owner Name: JANSSEN SANKARAN SIMANI ESMAILI Ownership Type: PROPRIETARY CORPOR. 52 8525 SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC Sauk VALLEY MEDICAL CLINIC Certified for VALEY MEDICAL CLINIC SPRING GREEN, WI 53588 Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC Sauk PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC Sauk PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN WI 535779668 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT Sauk Satisfant Sa		•			
302 WEST LAKE ST FRIENDSHIP, WI 53934 SOUTH FRIENDSHIP, WI 53934 Owner Name: JANSSEN SANKARAN SIMANI ESMAIL! Ownership Type: PROPRIETARY CORPOR 52 8525 SAUK PRARIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC SOUTH Medicald SPRING GREEN, WI 53588 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC PLAIN, WI 535779668 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8514 SPRING GREEN MEDICAL CENTER RICHARD LEE Sauk 150 E JEFFERSON ST SPRING GREEN MEDICAL CENTER RICHARD LEE Sauk 150 E JEFFERSON ST SPRING GREEN, WI 53588 Owner Name: RICHLAND HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT 52 8518 VICTORY MEDICAL GROUP CYNTHIA EICHMAN Clark Certified for 106 E FIFTH ST PO BOX I (715) 229-2177 WESTE Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT THORP, WI 54771 Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT Owner Name: VICTORY MEDICAL GROUP STANLEY CYNTHIA EICHMAN Chippe VI	Owner Name	: GRANT REGIONAL HEALTH CENTER INC	Ownership Type: VOLUNTA	RY NONPROFIT CORP	
Owner Name: JANSSEN SANKARAN SIMANI ESMAILI Ownership Type: PROPRIETARY CORPOR. 52 8525 SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC Sauk Sauk Certified for Medicaid 436 SUNRISE DR (608) 588-2502 SOUTH MEDICAL CLINIC Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC Sauk SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC SOUTH MEDICAL CLINIC Ownership Type: VOLUNTARY NONPROFIT SOUTH SOU	52 3837	ROCHE-A-CRI CLINIC	MARTIN (MD) JANSSEN	Adams	
Owner Name: JANSSEN SANKARAN SIMANI ESMAILI Ownership Type: PROPRIETARY CORPORD 52 8525 SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC Sauk Certified for Medicaid 436 SUNRISE DR (608) 588-2502 SOUTH-Modicaid SPRING GREEN, WI 53588 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS-PLAIN MEDICAL CLINIC Sauk SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT Medicaid PLAIN, WI 53579668 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8514 SPRING GREEN MEDICAL CENTER RICHARD LEE Sauk 150 E JEFFERSON ST (608) 588-7413 SOUTH-SPRING GREEN, WI 53588 Owner Name: RICHLAND HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT 52 8518 VICTORY MEDICAL GROUP CYNTHIA EICHMAN Clark Certified for Medicaid 106 E FIFTH ST PO BOX I (715) 229-2177 WESTE Medicaid VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT <td></td> <td>302 WEST LAKE ST</td> <td>(608) 339-3326</td> <td>SOUTHERN</td>		302 WEST LAKE ST	(608) 339-3326	SOUTHERN	
SAUK PRAIRIE MEMORIAL HOSPITAL CLINICS-RIVER VALLEY MEDICAL CLINIC		FRIENDSHIP, WI 53934			
VALLEY MEDICAL CLINIC Certified for Medicaid 438 SUNRISE DR (608) 588-2502 SOUTH Medicaid SPRING GREEN, WI 53588 Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8524 SAUK PRAIRIE MEMORIAL HOSPITAL MEDICAL CLINICS PLAIN, WI 535779668 (608) 546-4211 SOUTH Medicaid Owner Name: SAUK PRAIRIE MEMORIAL HOSPITAL Ownership Type: VOLUNTARY NONPROFIT 52 8514 SPRING GREEN MEDICAL CENTER RICHARD LEE Sauk 150 E JEFFERSON ST (608) 588-7413 SOUTH SPRING GREEN, WI 53588 Owner Name: RICHLAND HOSPITAL INC Ownership Type: PRIVATE NON-PROFIT 52 8518 VICTORY MEDICAL GROUP CYNTHIA EICHMAN Clark Certified for Medicaid 106 E FIFTH ST PO BOX I (715) 229-2177 WESTE Medicaid Owner Name: VICTORY MEDICAL CENTER INC Ownership Type: VOLUNTARY NONPROFIT 52 8519 VICTORY MEDICAL GROUP - THORP CYNTHIA EICHMAN Clark 704 SOUTH CLARK ST THORP (715) 669-7279 WESTE 704 SOUTH CLARK ST THORP (715) 669-7279 <td>Owner Name</td> <td>: JANSSEN SANKARAN SIMANI ESMAILI</td> <td>Ownership Type: PROPRIE</td> <td>TARY CORPORATION</td>	Owner Name	: JANSSEN SANKARAN SIMANI ESMAILI	Ownership Type: PROPRIE	TARY CORPORATION	
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	Owner Name	: VICTORY MEDICAL CENTER INC	Ownership Type: VOLUNTA	RY NONPROFIT CORP	